TERRACEVIEW LIVING CENTER 802 E CTY HWY B PO BOX 609

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SHELL LAKE 54871 Phone: (715) 468-729	2	Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation	: 366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	50	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	50	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	49	Average Daily Census:	52

Services Provided to Non-Residents		Age, Gender, and Primary Di	Length of Stay (12/31/04)						
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	   Less Than 1 Year	34.7		
Supp. Home Care-Personal Care	No					1 - 4 Years	40.8		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	4.1	More Than 4 Years	24.5		
Day Services	No	Mental Illness (Org./Psy)	59.2	65 - 74	8.2				
Respite Care	Yes	Mental Illness (Other)	6.1	75 - 84	38.8		100.0		
Adult Day Care Yes		Alcohol & Other Drug Abuse	2.0	85 - 94	36.7	6.7   *****************			
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.2	Full-Time Equivalent			
Congregate Meals No		Cancer	ĺ		Nursing Staff per 100 Residents				
Home Delivered Meals Yes		Fractures	2.0	İ	100.0	(12/31/04)			
Other Meals	No	Cardiovascular	6.1	65 & Over	95.9				
Transportation	Yes	Cerebrovascular	12.2			RNs	19.0		
Referral Service	No	Diabetes	0.0	Gender	%	LPNs	3.4		
Other Services	No	Respiratory 0.0				Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	8.2	Male	26.5	Aides, & Orderlies	43.6		
Mentally Ill	No			Female	73.5				
Provide Day Programming for			100.0	İ					
Developmentally Disabled	No			j	100.0	İ			

## Method of Reimbursement

	Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care			Managed Care								
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	4	100.0	244	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	8.2
Skilled Care	0	0.0	0	30	90.9	136	0	0.0	0	12	100.0	150	0	0.0	0	0	0.0	0	42	85.7
Intermediate				3	9.1	112	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	6.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		33	100.0		0	0.0		12	100.0		0	0.0		0	0.0		49	100.0

TERRACEVIEW LIVING CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	4.2	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	5.6	Bathing	2.0		73.5	24.5	49
Other Nursing Homes	1.4	Dressing	14.3		61.2	24.5	49
Acute Care Hospitals	83.1	Transferring	24.5		59.2	16.3	49
Psych. HospMR/DD Facilities	1.4	Toilet Use	26.5		53.1	20.4	49
Rehabilitation Hospitals	1.4	Eating	73.5		14.3	12.2	49
Other Locations	2.8	******	******	*****	******	******	*****
otal Number of Admissions	71	Continence		%	Special Treatmen	ts	ક
Percent Discharges To:		Indwelling Or Extern	nal Catheter	0.0	Receiving Resp	iratory Care	10.2
Private Home/No Home Health	12.7	Occ/Freq. Incontiner	nt of Bladder	40.8	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	33.8	Occ/Freq. Incontiner	nt of Bowel	18.4	Receiving Suct	ioning	0.0
Other Nursing Homes	5.6	_			Receiving Osto	my Care	0.0
Acute Care Hospitals	11.3	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	2.0	Receiving Mech	anically Altered Diets	34.7
Rehabilitation Hospitals	2.8					-	
Other Locations	7.0	Skin Care			Other Resident C	haracteristics	
Deaths	26.8	With Pressure Sores		8.2	Have Advance D	irectives	87.8
otal Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	71				Receiving Psyc	hoactive Drugs	36.7

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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		Own	Ownership:		Size:	Lic	ensure:			
	This	Nonprofit		50	-99	Ski	lled	Al	1	
	Facility	Peer	Peer Group % Ratio		Peer Group		Peer Group		lities	
	૪	%			% Ratio		Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	78.2	87.4	0.89	85.5	0.91	85.9	0.91	88.8	0.88	
Current Residents from In-County	71.4	76.6	0.93	71.5	1.00	75.1	0.95	77.4	0.92	
Admissions from In-County, Still Residing	16.9	21.5	0.79	20.7	0.82	20.5	0.83	19.4	0.87	
Admissions/Average Daily Census	136.5	125.9	1.08	125.2	1.09	132.0	1.03	146.5	0.93	
Discharges/Average Daily Census	136.5	124.5	1.10	123.1	1.11	131.4	1.04	148.0	0.92	
Discharges To Private Residence/Average Daily Census	63.5	51.0	1.24	55.7	1.14	61.0	1.04	66.9	0.95	
Residents Receiving Skilled Care	93.9	95.2	0.99	95.8	0.98	95.8	0.98	89.9	1.04	
Residents Aged 65 and Older	95.9	96.2	1.00	93.1	1.03	93.2	1.03	87.9	1.09	
Title 19 (Medicaid) Funded Residents	67.3	69.6	0.97	69.1	0.97	70.0	0.96	66.1	1.02	
Private Pay Funded Residents	24.5	21.4	1.14	20.2	1.21	18.5	1.33	20.6	1.19	
Developmentally Disabled Residents	0.0	0.4	0.00	0.5	0.00	0.6	0.00	6.0	0.00	
Mentally Ill Residents	65.3	40.3	1.62	38.6	1.69	36.6	1.78	33.6	1.94	
General Medical Service Residents	8.2	17.9	0.46	18.9	0.43	19.7	0.41	21.1	0.39	
Impaired ADL (Mean)	46.1	47.6	0.97	46.2	1.00	47.6	0.97	49.4	0.93	
Psychological Problems	36.7	57.1	0.64	59.0	0.62	57.1	0.64	57.7	0.64	
Nursing Care Required (Mean)	6.6	7.3	0.91	7.0	0.95	7.3	0.91	7.4	0.89	